Barracuda
Aquatics & Fitness

NBTC SWIM LESSONS
2019 REGISTRATION FORM

please print clearly

STUDENT'S FIRST NAME _____ LAST NAME _____

please circle one DAUGHTER SON GRANDDAUGHTER GRANDSON NON-MEMBER AGE _____

MEMBER'S NAME _____ CLUB # _____

NON-MEMBER'S NAME _____ CHECK # _____

ADDRESS _____

PHONE NUMBER(S) _____ _____

PARENT'S E-MAIL _____

MOTHER'S NAME _____ FATHER'S NAME _____

DOCTOR'S NAME _____ PHONE _____

ALLERGIES _____ MEDICATIONS _____

If semi-private or group, please list the name(s) of the other student(s). The student(s) should be of similar ability. They also need to turn-in a registration form unless from the same family.

STUDENT'S FIRST NAME _____ LAST NAME _____

STUDENT'S FIRST NAME _____ LAST NAME _____

please CIRCLE the TYPE, DAYS & TIMES you are interested in:
Swim Instructor will contact you to schedule.

PRIVATE-1 lesson	**PRIVATE-4 lessons**	**PRIVATE-8 lessons**
SEMI-PRIVATE-1 lesson	**SEMI-PRIVATE-4 lessons**	**SEMI-PRIVATE-8 lessons**
GROUPON-1 lesson	**GROUPON-4 lessons**	**GROUPON-8 lessons**

MON TUE WED THU FRI SAT

12:00 12:30 1:00 1:30 2:00 2:30 3:00 3:30 4:00 5:00 5:30 6:00

I have read and agree with the fee schedule & cancellation policy.

_____ _____ _____ _____
Member/Guest Signature Date Club # Date Confirmed

Contact us at NBTC.swim@gmail.com or Coach Milan @ 562•400•2521

For office use only: Dates, Days & Times scheduled –

_____ _____ _____ _____

_____ _____ _____ _____